

UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF PENNSYLVANIA

CRACK ALFORD

Plaintiff

CORRECT
SPELLING

"
HAIDLE - WARDEN &
M.C.C.F. MAIL (CLERK)
et al...

Defendant

FILED
SCRANTON

AUG 27 2020

PER

DEPUTY CLERK

APPLICATION TO PROCEED *IN FORMA PAUPERIS*

1:20-cv-1427

Civil Action No.

THIS JAIL REFUSED TO
ATTACH 6 MONTH STATEMENT
AS REQUESTED BY ME, PLEASE
ACCEPT ACCORDINGLY... OR
INSTRUCT THEM TO DO SO
BY ORDER OF THE COURT...
AS QUOTED, ABOVE IS GETTING
INVOLVED CASE I MAY LABEL
THEN A
DEFENDANT...

Instructions:

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted *in forma pauperis* status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed *in forma pauperis* must submit to the Clerk: (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement (or institutional equivalent) for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

Upon entry of an order granting a prisoner's application to proceed *in forma pauperis*, the Court will direct the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed *in forma pauperis* is obligated to pay the entire filing fee regardless of the outcome of the proceeding and is not entitled to the return of any payments made toward the fee.

The prisoner must complete all questions in the following affidavit, sign and date the affidavit, sign and date the authorization, and then obtain the signature of the appropriate prison official who certifies the prison account statement. After the appropriate prison official certifies your prison trust fund account statement(s), you must attach the prison account statement(s) to this application, for each prison or jail wherein you were incarcerated during the previous six months. If your application to proceed *in forma pauperis* is incomplete, then the Court may enter an order denying your application without prejudice and administratively close the case.

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at:

MONROE COUNTY JAIL, 4250 MONROE DRIVE, STRODSBURG, PA 18360

I am employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 0, and my take-home pay or wages are: \$ 0
per _____
(specify pay period)

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ 0

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

C.A. , my son AND C.A. my daughter
I contribute my life to them, financially and
spiritually.

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

0

DECLARATION: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

8.15.20

Date

Craig Alfaro

Applicant's signature

CRAIG ALFARO

Printed name

AUTHORIZATION: I understand that the filing fee for this civil complaint is \$350.00, and that I am obligated to pay the full filing fee regardless of the outcome of the proceedings.

I request and authorize the agency holding me in custody to calculate and disburse funds from my trust account (or institutional equivalent) in the amount specified by 28 U.S.C. § 1915(b)(2).

This Authorization shall apply to any other agency into whose custody I may be transferred.

8.15.20

Date

Craig Alfaro

Applicant's signature

CRAIG ALFARO

Printed name

CERTIFICATION OF PRISONER'S INSTITUTIONAL ACCOUNT BALANCE: An authorized prison official must complete the certification below and furnish a certified copy of your institutional account statement showing all deposits, withdrawals, and balances for the prior six-month period, to be filed with this application.

I certify that the prisoner named herein has the sum of \$ _____ on account at _____ correctional institution, where he is presently confined.

I further certify that during the prior six-month period, the prisoner's average monthly account balance was \$ _____; and that the average amount deposited monthly in the account during the prior six-month period was \$ _____.

Signature and Title of Authorized Prison Official

Date

REFUSED TO SIGN + attached to Mother's account 8/24/20
B/ LEAH
B/ LEAH

9411066 : Alford, Craig A

637519

Loc: Medium C 30 Upper

Monroe County, PA

Acct: MonroePA-1036

8/24/2020 2:10:40 PM

By: PMANFRE From: Administrative

Prior Balance \$0.14

Bill Miscellaneous : .25 per page copied - 36 copies

\$9.00 CHRG

BillPay PAYMENT FOR TRANS 637519

-\$0.14

Sign: Craig Alford

Main Balance: \$0.00

Imported Reconciliation Acct Debt Debt: \$69.50

Imported Medical Co-Pay Debt Debt: \$3.00

Miscellaneous Debt: \$8.86

P.H.D.

PROB DEBT...

INMATE ACCOUNT
 Inmate Request / Complaint / Sick Call Form
 Monroe County Correctional Facility

Name: ALFORD CRAIG AUBRE
 Last First Middle

Date: 8-15-20 Block: B14 Cell: 47

Check One:

Request ☒Complaint ☐Sick Call ☐

If Complaint Circle One:

Commissary Laundry Medical Phone Other (Explain Below)

Request / Complaint: ENCLOSURE, PLEASE CARRYMY ACCOUNT AND ATTACH MY BUDGETFOR JUNE 7, 2020 WITH CURESTADD INATE AND CUREST PRISONOFFICIAL TO CONFIRM AND SIGNTHE BOTTOM, TALKER

*If Inmate request

Received By: 8888

Hotel #

Routed to: Programs ☐Custody ☐Other ☐Answer: Approved ☐Denied (State Reason) ☐

SUBMIT AS IS

THEY WILL SEND410/033144Answered By: AKF

Title - Employee Name

Date: 8/18/20

Pink - Kept by Inmate

Yellow - Return To Inmate

White - To File

RECEIVED 8/18/20 TO AUSTIN

CPA16 ALFED #941066

M.C.C.F.

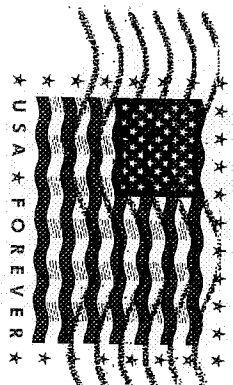
4750 WATER DRIVE

STROUDSBURG PA 18360

MONROE COUNTY CORRECTIONAL FACILITY
1250 MANOR DRIVE
STROUDSBURG, PA 18360

LEHIGH VALLEY PA 180

25 AUG 2020 PM 3 L



RECEIVED
CORANTON

AUG 27 2020

DEPUTY CLERK

OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT
MONROE DISTRICT OF PA
235 N. WASHINGTON AVENUE
PO BOX 1148
SCRANTON, PA 18501.1148

18501-114848

